

County: Sauk
 GREENWAY MANOR
 501 SOUTH WNSTED, P. O. BOX 759
 SPRING GREEN 53588 Phone: (608) 588-2586
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 60
 Total Licensed Bed Capacity (12/31/01): 60
 Number of Residents on 12/31/01: 55

Facility ID: 3900

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Ownership:
 Highest Level License: Corporation
 Operate in Conjunction with CBRF? Skilled
 Title 18 (Medicare) Certified? No
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 54

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%	
Home Health Care	No	Primary Diagnosis		%	Age Groups		%	Less Than 1 Year	40.0
Supp. Home Care-Personal Care	No	Developmental Disabilities		0.0	Under 65		9.1	1 - 4 Years	34.5
Supp. Home Care-Household Services	No	Mental Illness (Org./Psy)		14.5	65 - 74		12.7	More Than 4 Years	25.5
Day Services	No	Mental Illness (Other)		3.6	75 - 84		20.0		100.0
Respite Care	Yes	Alcohol & Other Drug Abuse		0.0	85 - 94		50.9	*****	
Adult Day Care	No	Para-, Quadra-, Hemiplegic		3.6	95 & Over		7.3	Full-Time Equivalent	
Adult Day Health Care	No	Cancer		10.9				Nursing Staff per 100 Residents	
Congregate Meals	No	Fractures		5.5				(12/31/01)	
Home Delivered Meals	No	Cardiovascular		12.7	65 & Over		90.9		
Other Meals	No	Cerebrovascular		18.2				RNs	
Transportation	No	Diabetes		1.8	Sex		%	LPNs	
Referral Service	Yes	Respiratory		1.8				Nursing Assistants,	
Other Services	No	Other Medical Conditions		27.3	Male		27.3	Aides, & Orderlies	
Provide Day Programming for Mentally Ill	No				Female		72.7		
Provide Day Programming for Developmentally Disabled	No			100.0					

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other		Private Pay			Family Care		Managed Care			Total Residents	% of All		
	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%			Per Diem (\$)	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0	0.0
Skilled Care	5	100.0	250	37	100.0	106	0	0.0	0	0.0	13	100.0	133	0	0	0.0	0	0	55	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0	0.0
Total	5	100.0		37	100.0		0	0.0			13	100.0		0	0.0		0	0	55	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Percent Admissions from		Bathing	0.0	60.0	40.0	55
Private Home/No Home Health	9.5	Dressing	16.4	45.5	38.2	55
Private Home/With Home Health	0.0	Transferring	21.8	67.3	10.9	55
Other Nursing Homes	4.2	Toilet Use	27.3	56.4	16.4	55
Acute Care Hospitals	83.2	Eating	61.8	21.8	16.4	55
Psych. Hosp. -MR/DD Facilities	0.0	*****				
Rehabilitation Hospitals	0.0	Continen	%	Special Treatments	%	
Other Locations	3.2	Indwelling Or External Catheter	7.3	Receiving Respiratory Care	5.5	
Total Number of Admissions	95	Occ/Freq. Incontinent of Bladder	47.3	Receiving Tracheostomy Care	0.0	
Percent Discharges To:		Occ/Freq. Incontinent of Bowel	41.8	Receiving Suctioning	1.8	
Private Home/No Home Health	32.0	Mobility		Receiving Ostomy Care	0.0	
Private Home/With Home Health	27.0	Physically Restrained	3.6	Receiving Tube Feeding	5.5	
Other Nursing Homes	5.0	Skin Care		Receiving Mechanically Altered Diets	1.8	
Acute Care Hospitals	0.0	With Pressure Sores	5.5	Other Resident Characteristics		
Psych. Hosp. -MR/DD Facilities	0.0	With Rashes	1.8	Have Advance Directives	81.8	
Rehabilitation Hospitals	0.0			Medications		
Other Locations	11.0			Receiving Psychoactive Drugs	0.0	
Deaths	25.0					
Total Number of Discharges (Including Deaths)	100					

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership:		Bed Size:		Licensure:		All Facilities	
		Peer Group %	Proprietary Ratio	Peer Group %	50-99 Ratio	Peer Group %	Skilled Ratio	Peer Group %	All Facilities Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90.0	82.5	1.09	86.4	1.04	85.8	1.05	84.6	1.06
Current Residents from In-County	47.3	74.3	0.64	69.6	0.68	69.4	0.68	77.0	0.61
Admissions from In-County, Still Residing	13.7	19.8	0.69	19.9	0.69	23.1	0.59	20.8	0.66
Admissions/Average Daily Census	175.9	148.2	1.19	133.4	1.32	105.6	1.67	128.9	1.36
Discharges/Average Daily Census	185.2	146.6	1.26	132.0	1.40	105.9	1.75	130.0	1.42
Discharges To Private Residence/Average Daily Census	109.3	58.2	1.88	49.7	2.20	38.5	2.84	52.8	2.07
Residents Receiving Skilled Care	100	92.6	1.08	90.0	1.11	89.9	1.11	85.3	1.17
Residents Aged 65 and Older	90.9	95.1	0.96	94.7	0.96	93.3	0.97	87.5	1.04
Title 19 (Medicaid) Funded Residents	67.3	66.0	1.02	68.8	0.98	69.9	0.96	68.7	0.98
Private Pay Funded Residents	23.6	22.2	1.07	23.6	1.00	22.2	1.06	22.0	1.07
Developmentally Disabled Residents	0.0	0.8	0.00	1.0	0.00	0.8	0.00	7.6	0.00
Mentally Ill Residents	18.2	31.4	0.58	36.3	0.50	38.5	0.47	33.8	0.54
General Medical Service Residents	27.3	23.8	1.15	21.1	1.29	21.2	1.28	19.4	1.40
Impaired ADL (Mean)	50.2	46.9	1.07	47.1	1.07	46.4	1.08	49.3	1.02
Psychological Problems	0.0	47.2	0.00	49.5	0.00	52.6	0.00	51.9	0.00
Nursing Care Required (Mean)	2.7	6.7	0.41	6.7	0.40	7.4	0.37	7.3	0.37